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021369 7500 09/09/2004

CALIPER LIFE SCIENCES, INC.
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| | |
|--------------------|--------------------|
| Michael Moore | (Depositor's name) |
| | (Signature) |
| September 29, 2004 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/975,500 | 10/11/2001 | J. Wallace Paro | 100/00342 | 9267 |

TITLE OF INVENTION: HIGH THROUGHPUT SCREENING ASSAY SYSTEMS IN MICROSCALE FLUIDIC DEVICES

| APPL. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|---------------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1330 | \$300 | \$1630 | 12/08/2004 |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | | |
| CHIN, CHRISTOPHER L | | 1641 | 435-287200 | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" indication form PTO/SB/122; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

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(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Donald R. McKenna

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recognition as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Caliper Life Sciences, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Mountain View, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 4

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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Donald R. McKennaDate 9/29/04Typed or printed name Donald R. McKennaRegistration No. 44,922

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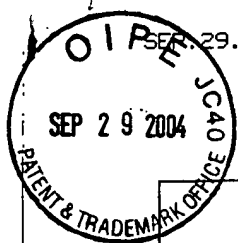
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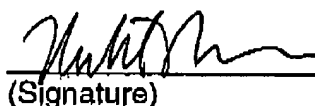
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I hereby certify that the following documents are being facsimile transmitted to the U.S. Patent and Trademark Office for the patent application identified below:

Examiner: Christopher L. Chin**Art Unit: 1641****Facsimile No.: 703-746-4000****Application No.: 09/975,500****Filing Date: 10/11/2001****First Named Inventor: J. Wallace Parce****Title: HIGH THROUGHPUT SCREENING ASSAY SYSTEMS
IN MICROSCALE FLUIDIC DEVICES****Document(s): Transmittal, Issue Fee Transmittal (PTOL-85)(in
duplicate)****Total Number of Pages, including
Certificate: 4****Michael Moores****(Depositor's Name)****(Signature)****September 29, 2004****(Date)**

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| | | | |
|---|----------------------|------------------------|-----------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/976,600 | |
| | Filing Date | 10/11/2001 | |
| | First Named Inventor | J. Wallace Parca | |
| | Art Unit | 1641 | |
| | Examiner Name | Christopher L. Chin | |
| Total Number of Pages in This Submission | 4 | Attorney Docket Number | 100/00342 |

| ENCLOSURES (Check all that apply) | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form (in dup) | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance communication to Technology Center (TC) |
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| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
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| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
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| Remarks Please charge Deposit Account No. 09-0177 for any additional fees associated with this paper or during pendency of this application | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|------------------------------------|
| Firm or Individual name | Donald R. McKenna, Reg. No. 44,922 |
| Signature | |
| Date | 9/29/04 |

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| Typed or printed name | Michael Moore | | |
| Signature | | Date | September 29, 2004 |

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